

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0022966

3153

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED 02 64/49

VS 300
Rev. 4/59

1

2 3118

3 2

4 1

5 1

6

7 1

8 2

9 1201

10

11

12 90-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

By Hugh Owens

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

56 yrs.

c. FULL NAME OF (If not in hospital, give location)

HOSPITAL OR INSTITUTION 713 Pennsylvania

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

admission)

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 713 Pennsylvania

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Icie

Middle

Roxie

Last

Artman

4. DATE OF DEATH

Month

June

Day

13

Year

1964

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/16/89

9. AGE (last birthday)

75

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

own home

Morton Co., Kansas

U. S. A.

13a. FATHER'S NAME

Albert Jefferson Bowen

13b. MOTHER'S MAIDEN NAME

Salinda Frame

14. NAME OF HUSBAND OR WIFE

David Artman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Guy C. Bowen 1908 Mercier K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cornary Occlusions

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh Owens Coroner

22b. ADDRESS

152 Union Station

22c. DATE SIGNED

8-15-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/16/1964

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

ADDRESS

Wagner Funeral Home K.C., Mo.

25. DATE RECD. BY LOCAL REG.

6-15-64

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~embalmer~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jack F. Moore

Licensed Embalmer No. _____

4729

P. O. Address _____

Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.